

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
101						
102						
103						
104						
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147						
148						
149						
150						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
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52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.	12					
TOTAL DEP.	102					
TOTAL CLAIMS	114					